

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

SERIAL NO.

10/25/2014
APPLICANT

FILING DATE

CLAIMS

	AS FILED		AFTER INDEPENDENT		AFTER DEPENDENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
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	NO.	OFF.	NO.	OFF.	NO.	OFF.
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SERIAL NO
10/207444
MILWAUKEE

ISSUING OFFICE

CLAIMS

AS FILED		AFTER TRANSCRIPTION		AFTER REINDEXING	
NO.	OFF.	NO.	OFF.	NO.	OFF.
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